



FEE TRANSMITTAL for FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	09/427,388
		Filing Date	10/26/99
		First Named Inventor	K. Grimes, et al.
		Examiner Name	Kevin C. Harper
		Art Unit	2666
TOTAL AMOUNT OF PAYMENT (\$) \$200.00		Attorney Docket No.	RCA 89,086

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 3 or HP = 1 x 200.00 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge):	_____

SUBMITTED BY					
Name (Print/Type)	Ronald H. Kurdyja	Registration No. (Attorney/Agent)	26,932	Telephone	609-734-6818
Signature				3/9/05	



8fw 2666

Serial No. 09/427,388

PATENT
RCA 89,086 US

**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

Applicants: K. Grimes et al.
Serial No.: 09/427,388
Filed: October 26, 1999
Title: AN ADAPTIVE TRANSPORT PROTOCOL DECODER
Group Art Unit: 2666
Examiner: Kevin C. Harper
Customer No.: 24498

RESPONSE TO NON-FINAL REJECTION

Mail Stop Fee Amendment
Hon. Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Communication mailed December 29,
2004, please amend the above-identified application as follows:

Listing of Claims:

The Listing of Claims begins on Page 2.

Remarks:

REMARKS begin on Page 7.

Please charge the fee of \$200.00 for a fourth independent claim,
added by this amendment, and any additional fees which may be due, to Deposit
Account No. 07-0832.